

December 12, 2006

Local Health Department Medical Directors
Communicable Disease Program Directors
MDSS Administrators

Dear Colleagues,

As you know, hepatitis C infection is a serious health concern, both worldwide and in Michigan. The Centers for Disease Control and Prevention (CDC) estimates that 1.8% of the US population has ever been infected with hepatitis C. In Michigan this translates to approximately 160,000 residents that have been infected with hepatitis C. The Michigan Department of Community Health (MDCH) is committed to decreasing the morbidity and mortality associated with hepatitis C. This letter provides an update on hepatitis C surveillance and the new hepatitis C fact sheet available through MDCH.

Hepatitis C Surveillance

Surveillance for hepatitis C allows us to better characterize the hepatitis C epidemic in Michigan. Enclosed in this packet you will find the current case definitions for:

- Hepatitis C, Acute
- Hepatitis C, Chronic

Although the option to report a case as “Hepatitis C, Unknown” exists in MDSS, we ask that you please use this category only as a temporary classification early in a case investigation. Cases reported as “Hepatitis C, Unknown” with a case status of “confirmed” and an investigation status of “completed” contribute to less accurate and reliable hepatitis C statistics in Michigan. Therefore we ask that you use the following case classifications when reporting a hepatitis C case:

1. Hepatitis C, Acute with a case status of “confirmed”
2. Hepatitis C, Chronic with a case status of “confirmed” or “probable”
3. Hepatitis C, Unknown with a case status of “not a case”

Members of the MDCH Hepatitis C Surveillance Advisory Group have volunteered to reclassify all cases reported as “Hepatitis C, Unknown” since June 2004 in MDSS. We hope this will give us a more consistent view of historical hepatitis C trends and further encourage local health departments to reconsider their use of the “Hepatitis C, Unknown” classification. If you have any questions or object to this reclassification in your

jurisdiction please contact your Regional Epidemiologist. Our target date to begin reclassification is January 1, 2007.

Along with the case definitions we have included a flow chart in the packet to aid in reporting hepatitis cases to MDCH. Please keep in mind that few individuals with hepatitis C are actually diagnosed during the acute phase of the disease. Most cases have already progressed to chronic hepatitis C by the time they are tested and diagnosed and should be reported as such.

Hepatitis C Fact Sheet

MDCH has developed a hepatitis C fact sheet to help provide clients and patients with consistent messages about hepatitis C. The fact sheet also lists several web sites that contain credible hepatitis C information. We have included several copies of the fact sheet in this mailing. If you would like more copies of the fact sheet or the electronic version so you can print your own copies please contact Kim Kirkey at (517) 335-8165 or KirkeyK@michigan.gov.

Free hepatitis brochures and posters are available from the CDC. To place an order, please visit the CDC website at:

<http://webapp.cdc.gov/ixpress/pubsprod/hepa+book/hepa.dml>.

If you have any questions regarding hepatitis C please contact Kim Kirkey, Hepatitis C Coordinator, with the contact information listed above or Lori Stegmier, Viral Hepatitis Planning Coordinator at (517) 335-8165 or StegmierL@michigan.gov.

Sincerely,

Garald Goza, MS
HIV, STD and Other Bloodborne
Infections Surveillance Section Manager
Bureau of Epidemiology

Kim Kirkey, PhD, MPH
Hepatitis C Coordinator
Bureau of Epidemiology

Hepatitis C, Acute (2004)

Clinical case definition

An acute illness with:

a) Discrete onset of symptoms (such as nausea, vomiting, abdominal pain and diarrhea)

AND

b) Jaundice or abnormal serum aminotransferase levels

Laboratory criteria for diagnosis

Serum alanine aminotransferase (ALT) levels greater than 7 times the upper limit of normal, and IgM antibody to hepatitis A virus (IgM anti-HAV) negative (if done)

AND

IgM antibody to hepatitis B core antigen (IgM anti-HBc) negative, or if not done, hepatitis B surface antigen (HBsAg) negative,

AND

Antibody to hepatitis C virus (anti-HCV) screening-test-positive (repeat reactive) verified by an additional more specific assay (e.g. recombinant immunoblot assay [RIBA] for anti-HCV or nucleic acid testing for hepatitis C virus [HCV] RNA)

OR

Anti-HCV screening-test-positive with a signal to cut-off ratio predictive of a true positive as determined for the particular assay (e.g., ≥ 3.8 for the enzyme immunoassays)

Case classification

Confirmed: a case that meets the clinical case definition and is laboratory confirmed.

Hepatitis C, Chronic (also known as Hepatitis C Virus Infection, Past or Present) (2005)

Clinical description

Most HCV-infected persons are asymptomatic. However, many have chronic liver disease, which can range from mild to severe including cirrhosis and liver cancer.

Laboratory criteria for diagnosis

Anti-HCV positive (repeat reactive) by EIA, verified by an additional more specific assay (e.g. RIBA for anti-HCV or nucleic acid testing for HCV RNA),

OR

HCV RIBA positive,

OR

Nucleic acid test for HCV RNA positive,

OR

Report of HCV genotype

OR

Anti-HCV screening-test-positive with a signal to cut-off ratio predictive of a true positive as determined for the particular assay (e.g., ≥ 3.8 for the enzyme immunoassays) as determined and posted by CDC.

Case classification

Probable: a case that is anti-HCV positive (repeat reactive) by EIA and has alanine aminotransferase (ALT or SGPT) values above the upper limit of normal, but the anti-HCV EIA result has not been verified by an additional more specific assay or the signal to cutoff ratio is unknown.

Confirmed: a case that is laboratory confirmed and that does not meet the case definition for acute hepatitis C.